



Summary of medical benefits

The following list gives a summary of the benefits which are covered by the compulsory health insurance according to the regulations of the Swiss Federal Health Insurance Law KVG. The list is not necessarily complete.

Benefits	Comments
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Ambulatory treatment according to the methods of traditionally taught and practised medicine	Payment is made for costs resulting from approved physicians, chiropractors and midwives. Further, if prescribed, also for logopaedists, physio- and ergotherapists, nurses or organisations of home care as well as nutrition advisers.
Ambulatory treatment in respect of alternative healing methods (complementary medicine)	Treatment administered by physicians with recognised further education (FMH) in the respective fields of treatment. <ul style="list-style-type: none"> • Acupuncture • Anthroposophical medical science • Medication therapy in connection with traditional Chinese medicine (TCM) • Classical homeopathy by a physician • Phytotherapy
Medication	Medication handed out or prescribed by a physician if this appears in the list of approved medicines or speciality list for the considered purpose (other medication will not be paid for, not even in part).
Aids and appliances	Devices prescribed by a physician, for examination purposes or treatment e.g. bandages, walking aids, orthoses, incontinence aids etc., according to the list of specialities (MIGEL).
Dental treatment	Payment is made in case of damage caused by <ul style="list-style-type: none"> • an accident, if no accident insurance is responsible • a serious disease of the masticatory system or if it is due to any other serious illness according to the cases listed in the decree (KLV).
Congenital infirmity	Payment is made for the same benefits as for illness if not covered by the Swiss Invalidity Insurance.
Psychotherapy	Payment is made for treatment by an approved physician or if treatment is delegated to a psychologist/psychotherapist (however only under the supervision of and in the consulting room of the delegating physician).
Laboratory analysis	Analysis ordered by a physician according to the analysis list.
Hospital in-patient treatment	Payment is made for medically required in-patient treatment in the general ward. Hospitals are approved if they appear on the Cantonal hospital list with the appropriate mandate.
Medical rehabilitation	Payment is only made based on a prior cost guarantee by the health insurance and after having been explicitly approved by its medical examiner.

	In case of in-patient rehabilitation, costs are covered for treatment in the general ward if the necessity has been proven. Hospitals are approved if they figure on the Cantonal hospital list with the appropriate mandate.
Home care or Nursing home	Payment of costs for nursing measures and other ambulatory measures if applied by <ul style="list-style-type: none"> • Nurses • Approved home care organisations • Nursing homes
Spa treatment	Daily contribution of CHF 10 for a maximum of 21 days per calendar year in an approved therapeutic bath if prescribed by a doctor as well as doctor's fees, medication and physiotherapies.
Recuperation	Payment for doctor's fees, prescribed medication and physiotherapy.
Maternity	<ul style="list-style-type: none"> • Seven examinations before birth by a midwife or a physician and one post-natal examination by a physician. • Two ultra-sonic scans • Fees for delivery at home, in a hospital (public ward) or in a quasi-hospital establishment • Three breast-feed consultations by midwives or by nurses with a special training for giving advice on breast feeding • A contribution of max. CHF 150 to pre-natal preparatory courses provided by midwives • Midwife care in childbed max. 10 home visits within 56 days.
Prescribed prevention measures	Payment is made for the following medical preventive measures: <ul style="list-style-type: none"> • Prophylactic vaccinations • Measures for the prevention of illnesses • Examination of the general state of health • Measures for the early detection of illnesses for certain high-risk groups • Measures for the early detection of illnesses in the general public or certain age groups
Precautionary examination by a gynaecologist	The first two examinations including cancer smear tests at a yearly interval and afterwards every three years.
Contribution towards transport costs	50% of the costs of medically necessary transports to an approved and for the treatment appropriate medical service provider, if transport is not feasible by public or private means: <ul style="list-style-type: none"> • Max CHF 500 per calendar year for ambulance transport • Max CHF 5000 per calendar year for rescue costs